PART B - FEE(S) TRANSMITTAL						
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INSTRUCTIONS (this form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected to the or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.						
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20995 7590 03/05/2007  KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614				Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
06/05/2007 SSANDAR1 00000003 10601070				(Depositor's name) (Signabure)		
01 FC:2501		700.00 DP		(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	٨	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/601,070	06/20/2003	<del></del>	Carl-Magnus Andersson		ACADIA.020A	8899
TITLE OF INVENTION:	N-SUBSTITUTED PI	PERIDINE DERIVATIV	ES AS SEROTONIN REC	CEPTOR AGENTS		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FI		DATE DUE
nonprovisional	YES	\$700	\$0	\$700	\$700	06/05/2007
EXAM		ART UNIT	CLASS-SUBCLASS			
AULAKH, CI		n of "Fee Address" (37	514-326000 2. For printing on the p	atent front page list		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🗀 Government						
4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies 10			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).			
5. Change in Entity State	us (from status indicate SMALL ENTITY state					
	Publication Fee (if reg	uired) will not be accepte	d from anyone other than t	he applicant; a register	ENTITY status. See 37 CF red attorney or agent; or th	R 1.27(g)(2). e assignee or other party in
Authorized Signature Jun Hast				Date June 4	1, 2007	
Typed or printed name				Registration No.		
			on is required to obtain or re 1.14. This collection is est of depending upon the individual of the confection of the COMPLETED FORMS TO spond to a collection of information of information of the confection of			by the USPTO to process) g gathering, preparing, and ne you require to complete rument of Commerce, P.O. or Patents, P.O. Box 1450, number.
Adjustment date: 06/05/2007 SSANDAR1						

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